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ABSTRACT

The forms and materials included in this document were developed to meet Oregon regulations for early intervention for children with special needs from birth to age 3. The forms and directions are organized in chronological order from the referral of a child through the development of the child's individual family service plan, and, after placement decisions are made, through any changes to the child's identification, evaluation, placement, or service provision. Forms are provided on right-facing pages, and left-facing pages provide an explanation of the purpose of the form and directions for completing the form. The forms provided include: "Referral for Early Intervention Evaluation"; "Prior Notice and Consent for Initial Evaluation"; "Statement of Eligibility--Early Intervention"; "Notice of Individual Family Service Plan Meeting"; "Individual Family Service Plan"; "Notice of Placement Meeting"; "Prior Notice of Proposal or Refusal To Initiate a Change"; and "Permission To Obtain and Release Information." An appendix outlines parent rights in early intervention. (JDD)

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Special Education Forms

Vol. 3
Early Intervention: Children Birth to Three Years

August 1992

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Special Education Forms

Volume 3
Early Intervention: Children Birth to Three Years

August 1992

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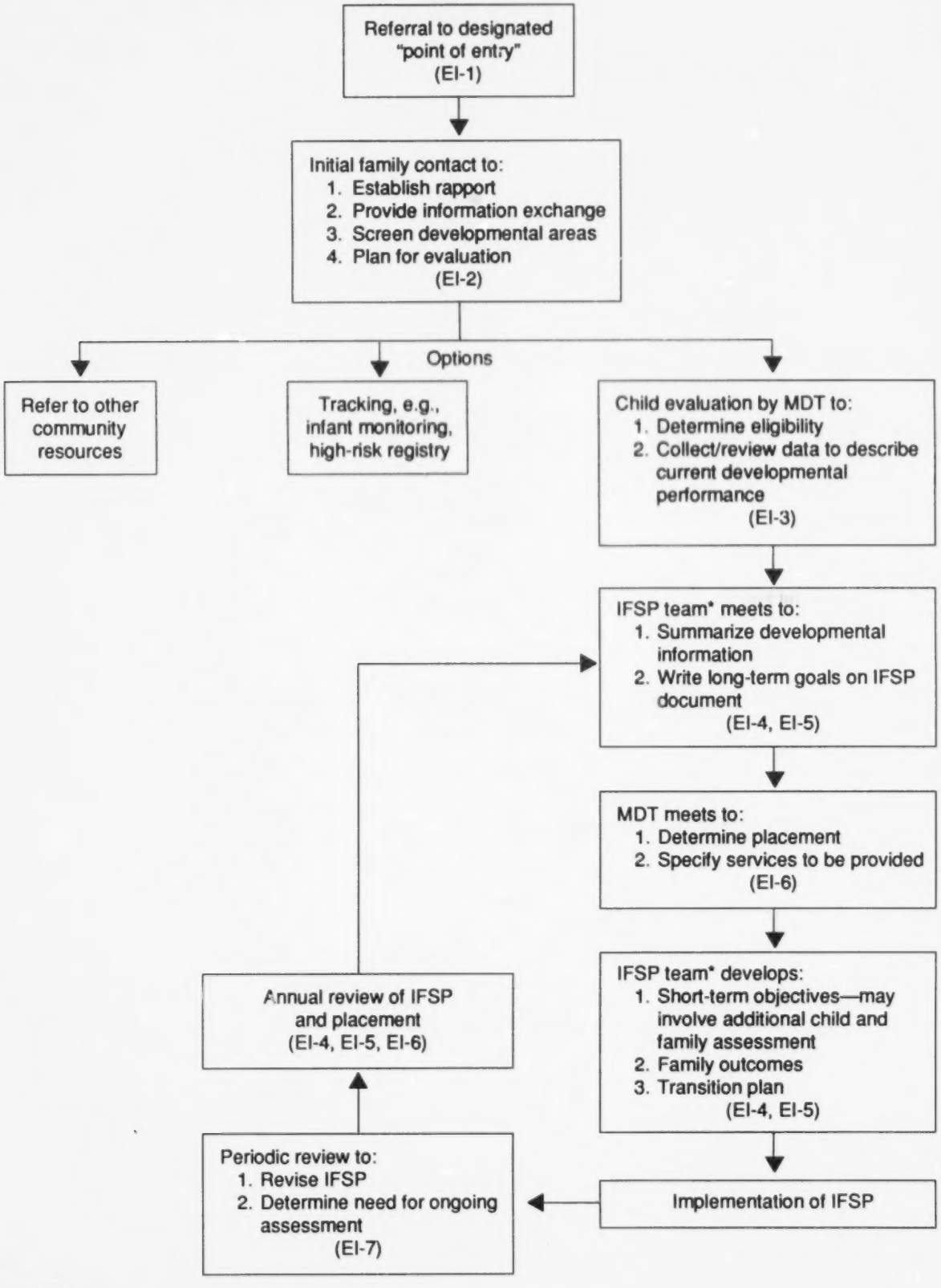
Procedural Process



*May be one IFSP meeting if the composition of the team is the same.

Introduction

The forms and materials included in this document were developed to meet state regulations for Early Intervention (EI) for children birth to three years of age. The EI program must meet all requirements of state statutes and administrative rules. By using the forms and the Parents Rights statement found in the appendices, EI contractors and subcontractors will meet these requirements. Because this is a state-operated program, the use of the materials is mandatory. Programs **may not** change the forms or materials.

The forms and directions included in this document will be revised in the future. Federal and state laws may change, the federal monitoring process to be conducted during 1992-93 may require modifications and new ideas for formatting and directions may emerge as programs use this document. However, because the Department of Education is assuming responsibility for the program July 1, 1992, the document is being published now, so the programs may begin with forms and procedures that meet current state standards.

Using the Document

The forms and directions in this document are organized in chronological order from the referral of a child through the development of the child's individual family service plan (IFSP) and, after placement decisions are made, through any changes to the child's identification, evaluation, placement, or provision of services. All of the forms are numbered for ease of use.

Each form follows a two-page format:

Left-facing page	This page contains the form number and name, an explanation of the purpose(s) of the form, including any legal authority reference, and directions for completing the form.
Right-facing page	A copy of the form coded by number to the directions. The numbers circled on the forms correspond to specific directions on the left-facing page.

At the top of each form in the right corner is a space to indicate the date the form was filled out.

For further information about this document, please call the Office of Special Education, 378-3598.

Referral for Early Intervention Evaluation
Form EI-1

Instructions

Purpose

This form is used to:

- gather information regarding the child's suspected disability for early intervention;
- document the request for an evaluation; and
- assist the multidisciplinary team (MDT) to plan evaluations.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter the month, day and year the child was born.
3. Enter the name of the parent, guardian, or surrogate parent.
4. Enter the phone number(s) of the parent, guardian, or surrogate parent for work (w) and home (h).
5. Enter the address of the parent, guardian, or surrogate parent.
6. Enter the name of the referring person.
7. Enter the referring person's phone number.
8. Enter the child's current program.
9. Enter the child's resident school district. This is the district where the child lives.
10. Check the specific area of concern. Please list, next to each area of concern, information or evidence that will help the MDT plan an evaluation. Attach information for the MDT.
11. Please review the information provided for assistance to the MDT and enter appropriate information.
12. Describe any interventions used to try to remediate the problem as these facts are very helpful in planning the evaluation.
13. Describe what action will be taken.
14. Indicate who will take the action and when.
15. Indicate the date the parent, guardian or surrogate parent was notified of this referral including month, day and year.

Date Initiated _____
Mo Day Yr

Referral for Early Intervention Evaluation
Form EI-1

Child Name ① _____ Birth Date (mo/day/yr) ② _____

Parent or Guardian Name ③ _____ Phone: w/ ④ _____ h/ ④ _____

Address ⑤ _____

Referring Party ⑥ _____ Phone ⑦ _____

Current Program ⑧ _____ Resident School District ⑨ _____

⑩ 1. Check the specific area of concern. Next to each area of concern list the information or evidence that will help the MDT plan an evaluation. Please provide the MDT with this information.

- ☐ Cognitive Development _____
- ☐ Receptive Language _____
- ☐ Expressive Language _____
- ☐ Gross Motor Development _____
- ☐ Fine Motor Development _____
- ☐ Social, Emotional, Behavioral Development _____
- ☐ Self-help Skills _____
- ☐ Hearing _____
- ☐ Vision _____

⑪ 2. Review any information provided which will assist the MDT:

Previous history in area of concern _____

_____

Previous report(s) _____

Health status _____

Primary language _____

⑫ 3. Describe any interventions used to try to remediate the problem _____

_____

_____

_____

All referrals must be filled out in full and accompanied by a current, signed Permission to Obtain and Release Information, Form EI-8 (Form 581-5150H), for exchange of information and pertinent records.

Action by MDT:

Describe what action will be taken ⑬ _____

Indicate who will take the action and when ⑭ _____

Indicate the date the parent was notified of this referral (mo/day/yr) ⑮ _____

Form 581-5150A (New 7/92)

Prior Notice and Consent for Initial Evaluation
Form EI-2 (page 1)

Instructions

Purpose

This form is used to:

- obtain and document parental consent for an initial early intervention evaluation to be conducted;
- meet the requirements of 34 CFR 300.504(a), 34 CFR 300.505, ORS 343.531, ORS 343.527, OAR 581-15-940, and OAR 581-15-075 regarding the need for a written notice when an evaluation is proposed;
- meet the requirements of 34 CFR 300.504(b), ORS 343.531, and OAR 581-15-039 regarding consent for conducting a pre-placement evaluation; and
- obtain written consent **before** the initial evaluation is conducted.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter the approximate number of days needed to complete the evaluation.
3. Explain why this evaluation is being proposed.
4. Explain what other options were considered prior to this referral for early childhood special education services such as:
   - public health nurse tracking
   - Head Start
   - community preschool
   - any other programs or services available without the need for services from early childhood special education.
5. Explain why the above were rejected.
6. Use this section, if necessary, to provide additional reasons why the multidisciplinary team felt that this child needed services which are only available through early childhood special education.
7. This section meets the requirements for 34 CFR 300.505, ORS 343.527, and OAR 581-15-075. The law requires a description of each evaluation procedure, test, record, or report the team uses as a basis of the proposed evaluation. Indicate areas to be tested from the list below. You must name and describe each test used. Also indicate if you are using observation, review of parent reports, previous testing, or medical information for a particular area. Acronyms must be explained.

   - cognitive development
   - social/emotional/behavior
   - expressive language
   - receptive language
   - gross motor
   - fine motor
   - self-help
   - medical/health
   - vision
   - hearing
8. Enter the day and date that you propose to evaluate the child.
9. Enter the time that you propose to evaluate the child.
10. Enter the place where you propose to evaluate the child, including the address.

This form is continued on page 6-7.

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
Form EI-2 (page 1)

Dear _____:

As you know, ① _____ has been referred for testing to
(Child's Full Name)
determine eligibility for early intervention services. We refer to this as an educational evaluation. The results will help us teach your child. It is expected that this evaluation will be completed within _____ days.

②

We plan to evaluate your child because:

③

Other options we considered were:

④

We decided against those options because:

⑤

Any other additional information considered by the multidisciplinary team:

⑥

The evaluation procedures, assessment, and/or tests we plan to use include the following:

⑦

We propose to evaluate your child on ⑧ _____ at ⑨ _____ at ⑩ _____.

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(Phone)
_____.
(Address)

Sincerely,

Signature _____

Name (please print) _____

Title _____

Form 581-5150B-X (New 7/92) page 1 11

Prior Notice and Consent for Initial Evaluation
Form EI-2 (page 2)

Instructions

8. This form must be signed and dated by the parent/guardian/surrogate parent **prior to** the implementation of the evaluation.

9. If this section is completed **do not** implement the evaluation. Note: A reason for refusal is not required.

10. Enter the name and address of the person to whom the parent should send the signed form.

11. Enter the date this form is received.

12. Enter copy of this form in child's file.

NOTE: Once this written consent is received from the parent, it only applies for this initial evaluation. You will **not** need to obtain consent for ensuing evaluations. You only notify the parent that you are going to reevaluate.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
Form EI-2 (page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for the evaluation to begin. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL EVALUATION

I give my permission for the evaluation to begin. I understand that my consent is voluntary and that it may be revoked for any reason during the initial evaluation process.

⑧ _____ ⑧ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

OR

NO CONSENT FOR INITIAL EVALUATION

Please complete this section and sign here if you **do not** give permission for the evaluation. (optional)

I **do not** give permission for the initial evaluation. My reason(s) follow:

_____

_____

_____

⑨ _____ ⑨ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

Please return this form to ⑩ _____ at _____.

Date received in district ⑪ _____
Mo Day Yr

Enclosure: *Parent Rights*
cc: Child's File ⑫

Form 581-5150B-X (New 7/92) page 2

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Statement of Eligibility — Early Intervention
Form EI-3

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for early intervention;
- meet the requirements of ORS 343.513 and OAR 581-15-950 regarding the need to establish eligibility for early intervention in order for the child to receive services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district. This is the district where the child lives.
3. Check off whether the child meets the eligibility criteria for early intervention.
4. Check off how the child meets the eligibility requirements for early intervention.
5. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
6. Indicate the date that initial eligibility was established.
7. Indicate the date that eligibility was re-established.
8. Check off all items that are attached to the form.
9. Place a copy of this form with all attachments into the child's file.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Early Intervention
Form EI-3

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

Check one:

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early intervention.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for early intervention. The determination is based upon the following eligibility requirements:

④ ❒ The child is birth to 18 months of age and there is documentation that the child has an identified genetic, neurological, muscular, or medical condition that will result in a developmental delay.

– OR –

❒ The child is birth through two years of age and his/her developmental age is:

- ❒ 56 to 75% of the child's chronological age in three or more of the following skill areas;
- ❒ 40 to 55% of the child's chronological age in two of the following skill areas;
- ❒ Less than 40% of the child's chronological age in one of the following skill areas.

Areas of developmental delay:

- ❒ Cognitive development
- ❒ Receptive language
- ❒ Expressive language
- ❒ Gross motor development
- ❒ Fine motor development
- ❒ Social, emotional, or behavioral development
- ❒ Self-help skills

– AND –

❒ The child has a **need** for early intervention services.

Signatures of Team Members	Title	Agree	Disagree
⑤ _____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒

⑥ Date initial eligibility established _____

⑦ Date eligibility re-established _____

⑧ Attachments:

- ❒ Physician's statement
- ❒ Skill assessment reports
- ❒ Observation reports
- ❒ Other information

⑨ cc: Child's File

Form 581-5150C (New 7/92)

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Notice of Individual Family Service Plan Meeting
Form EI-4

Instructions

Purpose

This form is used to:

- document that the parent was invited to participate in the development of the individualized family service plan (IFSP) at a time and place convenient to parent;
- document that the parent who would be participating in the IFSP meeting was notified as per ORS 343.521;
- document that the required participants were invited to the IFSP meeting as prescribed in OAR 581-15-980; and
- document that the parent was notified that he/she was invited to bring other participants to the IFSP meeting.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter date, time and place where you propose to hold the IFSP meeting. NOTE: The IFSP must be developed within 30 days after the multidisciplinary team (MDT) meeting at which the child was determined eligible for early intervention services as per ORS 343.521. This date can be found on the Statement of Eligibility Form EI-3.
3. Enter the name and telephone number of the person who can be contacted by the parent. This could be a clerical person.
4. Enter date by which parent must notify the contact person that he/she will need to make other arrangements in order to participate in the IFSP meeting.
5. Enter names and titles/positions of those who are invited to IFSP meeting. Required participants are: (1) the parent(s) of the child; (2) a representative of the contracting or subcontracting agency who is qualified to provide or supervise early intervention services; (3) the early intervention specialist or related service personnel serving the child; (4) other individuals at the discretion of the parent, contractor, or subcontractor; and (5) a member of the evaluation team or a person knowledgeable about the evaluation procedures and results if this is the child's first IFSP meeting.
6. Enter signature, printed name, position, and address of the person who is conducting the IFSP meeting. Send completed form to parent(s) at least seven days prior to the meeting date.
7. Place copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Notice of Individual Family Service Plan Meeting
Form EI-4

Dear _____:

This is to invite you to a meeting to develop or review an individual family service plan (IFSP) for

① _____.
(Child's Full Name)

An IFSP is a plan designed to address the special needs of your child. The development of the IFSP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. If you would like to receive these documents or any other portion of your child's educational records prior to the IFSP meeting, please contact me. The IFSP meeting is scheduled

for ② _____ at ② _____ at ② _____.
(Date) (Time) (Place)

If this is not a convenient time or location, please let ③ _____ know
(Name)

at ③ _____ by ④ _____ and we will reschedule the meeting or talk about other
(Phone) (Date)

ways you can participate.

The people invited to attend are:

⑤ Name	Position

If you plan to bring other people with you to this meeting or plan to tape record the meeting, please let me know.

Sincerely,

Signature ⑥ _____

Printed Name ⑥ _____

Position ⑥ _____

Address ⑥ _____

Enclosure: *Parent Rights*

cc: Child's File ⑦

Form 581-5150D (New 7/92)

Individual Family Service Plan
Form EI-5 (page 1)

Instructions

Purpose

Page 1 of this 5-page form is used to:

- comply with ORS 343.521 which mandates the contents of the individual family service plan (IFSP); and
- comply with OAR 581-51-980 which mandates participants at the IFSP meeting.

Directions

1. Enter child's complete legal name (do not use a nickname) and date of birth, including month, day, and year.
2. Enter parent(s) or guardian's name, home phone and work phone numbers, and address.
3. Enter name and agency of the IFSP coordinator, and resident school district.
4. List all pertinent dates, including the IFSP meeting date, date when child's eligibility for early intervention/early childhood special education services was established, next review date, annual review date, transition information (**ECSE only**), and information regarding extended year services (**ECSE only**). If the child will be making a transition in the next year, "yes" should be checked and the steps supporting the transition of the child to preschool or kindergarten should be addressed in the IFSP.
5. List all the IFSP team members attending the meeting including their name, role, and phone number (do not need signatures).
6. OPTIONAL — List the IFSP team members not in attendance at the meeting, but who have contributed information leading to the development of the IFSP.
7. Indicate the extent of participation by early childhood special education (**only**) children with nondisabled peers. Indicate by the percent of time the child will be in a regular education program (when not in specialized classroom), or list the specific regular activities the child will be attending during their preschool day.
8. List the specific early intervention/early childhood special education services necessary to meet the unique needs of the child and family to achieve the identified goals and outcomes. Also list in this section the "other services" necessary to enable the child to benefit from EI/ECSE services (during the time that the child is receiving the EI/ECSE services). Identifying "other services" does not impose an obligation to provide or pay for those services. This section is completed **after** the child's goals and objectives have been addressed. The list of EI/ECSE services must include:

   Service/Method — Specify what the service is (i.e., home, classroom, adapted physical education) and whether it will be provided on an individual , group, direct service, or consultative basis. If modifications (supplementary aids and services) to a community preschool program are necessary to ensure a child's participation (**ECSE only**) in the program, list those modifications in this column.

   How Often — Specify frequency and intensity of services (i.e., amount of service provided per day, per week, or per month).

   Where — Specify where service will take place (i.e., day care, preschool, or home).

   Who will do this — Specify agency, name, and/or role of person providing the service.

   Who will pay — **Must** specify financial responsibility for **each** service, such as EI/ECSE, private insurance, Medicaid, Head Start, or family. If the source of funding is undetermined for an identified "other service," information should be included regarding who will explore options, check into scholarships, etc.

   Start Date — Specify beginning date (month, day year) of each service.

   Stop Date — Specify anticipated duration of each service.
9. OPTIONAL — Parents may sign this section when the IFSP is completed. Explain to parents that their signature **only** indicates that they have participated in the development of this plan and **does not** indicate their approval of the plan or services.
10. Enter the name of the agency providing the early intervention services and the mailing address.

Continued on pages 14–20

Individual Family Service Plan (IFSP)

Child ① _____ Birth Date ① _____

Parent(s)/Guardian ② _____ Home Phone ② _____ Work Phone ② _____

Address _____

IFSP Coordinator/Agency ③ _____ Resident School District ③ _____

Meeting Date ④ _____
Date Eligibility Established _____
Review Date _____
Annual Review _____
Transition Date _____
Transition Plan? ☐ Yes ☐ No
Extended Year Services? ☐ Yes ☐ No

Team Members in Attendance (name/role/phone)	Team Members Not Attending: (name/role/phone)
⑤	⑥

Extent of participation with nondisabled peers ⑦ _____

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date
⑧	⑧	⑧	⑧	⑧	⑧	

I (We) have had the opportunity to participate in the development of this IFSP. Signature(s) ⑨ _____

Agency Name ⑩ _____ Mailing Address ⑩ _____

Individualized Family Service Plan
Form EI-5 (page 2)

Instructions

Purpose

Page 2 of this 5-page form is used to:

- list additional services if needed. This is an OPTIONAL page and may be added following page 1.

Example of Summary of Services

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date
Home visits	1/mo.–60 min.	Home	Jane—family consultant	EI/ECSE	9/26/92	9/9/93
Toddler group	1/week–90 min.	PACE program	Jane—program staff	EI/ECSE	9/26/92	9/9/93
Speech therapy	1/mo.–60 min.	Home	Grace—speech therapist	EI/ECSE	9/26/92	9/9/93
Speech therapy at toddler group	1/week–30 min.	PACE program	Grace—speech therapist	EI/ECSE	10/7/92	6/6/93
Parent-tot swim	2/week–45 min.	YMCA	YMCA staff	Family	12/5/92	1/9/93

Continued on pages 16–20

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date

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Individual Family Service Plan
Form EI-5 (page 3)

Instructions

Purpose

Page 3 of this 5-page form is used to:

- comply with ORS 343.521 which mandates that the IFSP shall include a statement of the child's present level of development.

This page is developed during the initial IFSP meeting and is added to at subsequent reviews.

Directions

1. Enter child's name and date of the most recent assessment information (entered after "Summary as of _____") at the top of this page.

2. OPTIONAL — This section contains a description of the child's **strengths and interests**. The child's strengths and interests are supportive comments made by parents and other team members. Comments are intended to highlight positive child characteristics.

   Examples of child's strengths and interests: Mary is a highly motivated learner. She is interested in most of the activities at Toddler Group. Mary is fun for other kids and adults to be with and she enjoys being the center of attention.

3. OPTIONAL — Enter the **sources of information** used to obtain information about the child in developing the IFSP: evaluations, program assessment, reports, observations, and parent report. Include any pertinent information from medical reports and screenings.

   Examples of sources of information: Bailey Scales of Infant Development, Evaluation and Program System (EPS), Vineland, teacher observation, parent report, and physical therapy reports from the Child Development and Rehabilitation Center (CDRC). Hearing and vision have been screened and are within normal limits.

4. Summarize the child's present levels of development in each area: **cognitive, social, fine motor, gross motor, communication, and self-care**. The present levels of development give a summary sketch of the child and lay the foundation for the succeeding components of the IFSP. The present level statements are brief narratives which summarize how the child is functioning in each area of need on which the IFSP focuses. There must be a direct relationship between the present levels of development, the annual goals, short-term objectives, and the specific EI/ECSE services to be provided to the child. Descriptive information for each area is to be provided in a positive, strength-based format. This information may be obtained through reviewing eligibility testing, screening information, program assessment, parent input, observation of the child, and any other relevant reports. It is not appropriate to list specific test scores in this section.

   Examples of child's present levels of development:

   Gross Motor: "Mary has good head control while sitting independently and is beginning to crawl forward on her stomach," as opposed to, "Mary is unable to move to a sitting position without assistance."

   Self-care: "Mary feeds herself finger food, can drink out of a cup with assistance, and is beginning to show some interest in eating with a spoon," as opposed to "Mary is unable to use a spoon and requires assistance in dressing."

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Continued on pages 18–20

① _____'s Current Developmental Information Summary as of _____

Child's Strengths and Interests

②

Sources of Information in Developing this IFSP

③

Pertinent Medical Information

Hearing Screening

Vision Screening

Present Skill Levels

④

Cognitive

Fine Motor

Communication

Gross Motor

Social

Self-Care

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Form 581-5150E-X (New 7/92) page 3

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Individual Family Service Plan
Form EI-5 (page 4)

Instructions

Purpose

Page 4 of this 5-page form is used to:

- comply with ORS 343.521 which mandates that the IFSP shall include a statement of the annual goals and short-term objectives expected to be achieved for the child, and the criteria, evaluation procedures, evaluation schedules and timelines for each short-term objective.

Additional goal pages may be added as needed, either initially or at the IFSP review.

Directions

1. Enter child's name, the date, and the developmental area that the goal addresses such as language, gross motor, cognitive, etc.

2. **Long-term goals** are statements describing what the child is expected to learn or be able to do within the next 12 months. Long term goals are brief, measurable statements. They use language that is easily understood by all team members. *Long term goals are developed and written at the initial IFSP meeting* (and at subsequent IFSP meetings by the team that will be working with the family).

3. Indicate **who** will work on goal and **who** will keep track of progress.

4. This section addresses the child's **short-term objectives**, which are steps or milestones leading toward the long-term goal. The short-term objectives section of this page is filled out by the IFSP team that will be working directly with the child and family.

   Short-term objectives should be functionally stated in terms of **what** is to occur (the observable behavior), **when** it is to occur (conditions), **how** it shall occur, and **how much** is expected (the criteria). Required elements for writing short-term objectives include: **observable behavior** (what, when, how), **criteria** (i.e., 70% of the time), **evaluation procedures** (i.e., observation, testing), and **evaluation schedule** (i.e., monthly).

5. OPTIONAL — The **family resources/other resources** column relates to each of the identified short-term objectives and may be added as they are identified. **This column is optional and should only be used when the family identifies their own strengths or interests.** The information recorded in this column may be based on conversations with the family or a Family Interest Survey that may have been completed by the parents.

6. OPTIONAL — The purpose of this section is to specify the **start date** (month and year) for each objective, and to provide an opportunity for the team to review (twice a year at the **review** and **annual review**) the current status of each objective. This status is coded using the following scale:

   Rating

0	Decided not to do (state reason)
1	Haven't started yet
2	In progress, need to rewrite the goal and/or objective
3	In progress, going well . . . continue
4	Completed to team's satisfaction

Continued on pages 20

Child's Goals and Objectives

Child ① _____ Date _____ Developmental Area _____

What we want to happen (long-term goal) ② _____

_____

Who will work on it ③ _____ Who will keep track of progress _____

How We Will Do It (short-term objectives & criteria)	Evaluation Procedures & Schedule	Family Resources/ Other Resources	Start Date	Review	Annual Review
④	④	⑤	⑥	⑥	⑥

Form 581-5150E-X (New 7/92) page 4

Individual Family Service Plan
Form EI-5 (page 5)

Instructions

Purpose

Page 5 of this 5-page form is used to:

- address family outcomes.

This page is OPTIONAL.

Directions

1. Enter family's name and the date.

2. Families have the choice whether or not they want to have their strengths and interests assessed. If a family chooses not to participate, request that they initial and date the box in the upper right hand corner of this page. This will document that the provider has given this option to the family.

3. This section contains a statement of the major outcome desired by the family (outcomes are identified by families and not other team members). **A need or concern exists only if the family perceives that they are important.** The outcome can focus on an area of family life that a family feels is related to its ability to enhance the child's development. The outcome should be functionally stated in terms of what is to occur (process) and what is expected as a result of these actions (product). In addition, it is important to use the family's language in wording the outcome statement. **This page is filled out by the IFSP team member(s) that will be working directly with the child and family.**

   Examples of family outcomes:

   Mom and Dad want to become more involved in Susie's program so that they can carry out activities at home.

   Mom would like to learn some specific activities to increase Susie's talking at home.

4. **How We Will Do It (activities):** List the strategies and activities that will be used to bring about a family's chosen outcome. Activities can be identified by reviewing the child, family, program, and community strengths and resources available to meet the outcome. Also note family strengths or interests that will assist in meeting this outcome.

   Examples of activities:

   Susie's classroom teacher will send home a communication notebook each day to describe Susie's day at school.

   Mom only works a half-day on Wednesdays and Fridays. She will "volunteer" in Susie's class on Friday mornings for two hours.

5. **Family Resources:** The strengths, abilities, formal and informal supports that can be mobilized to meet family concerns, interests, or outcomes are listed in this column.

   Examples of Family Resources:

   Grandma helps with transportation to therapy.

   Aunt Judy helps with feeding on the weekends and will babysit on short notice.

6. **Other Resources:** Resources not mentioned previously are listed here, such as family support services, YMCA, ARC respite, and DD case management services.

7. **Ratings to Review Family Outcomes:** Ratings are used to determine the status of each activity written on the IFSP. Ratings are assigned by the family to determine when an outcome or activity has been achieved, needs to be changed, or omitted.

   Rating

0	Decided not to do (state reason)
1	Haven't started yet
2	In progress, need to rewrite the outcome
3	In progress, going well . . . continue
4	Completed to family's satisfaction

Family Outcomes

Family ① _____ Date ① _____

What we want to happen (outcome) ③ _____

Our family chooses not to identify or address the area of family strengths and outcomes.
Date ② _____ Initial ② _____

How We Will Do It (activities)	Family Resources	Other Resources	Start Date	Review	Annual Review
④	⑤	⑥	⑦	⑦	⑦

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Notice of Placement Meeting
Form EI-6

Instructions

Purpose

This form is used to:

- document that the parent was invited to participate in the placement decision for his/her child; and
- document that the parent who would be participating in the placement meeting was notified as per OAR 581-15-900.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter date, time and place where you propose to hold the placement meeting.
3. Enter the name and telephone number of the person who can be contacted by the parent. This could be a clerical person.
4. Enter date by which parent must notify the contact person that he/she will need to make other arrangements in order to participate in the placement meeting.
5. Enter names and titles/positions of those who are invited to the placement meeting. Required participants are: (1) a specialist knowledgable in the area of the suspected disability; (2) the child's early intervention specialist, related service provider, or an individual qualified to teach a child of his/her age; and (3) at least one other individual qualified to conduct individual diagnostic evaluations.
6. Enter signature, printed name, position, and address of the person who is conducting the placement meeting.
7. Place copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Notice of Placement Meeting
Form EI-6

Dear _____:

This is to invite you to a meeting to determine the early intervention placement for ① _____ (Child's Full Name). The placement meeting is scheduled for ② _____ (Date) at ② _____ (Time) at ② _____ (Place).

If this is not a convenient time or location, please let ③ _____ (Name) know at ③ _____ (Phone) by ④ _____ (Date) and we will reschedule the meeting or talk about other ways you can participate.

The people invited to attend are:

⑤ Name	Position

Sincerely,

Signature ⑥ _____

Printed Name ⑥ _____

Position ⑥ _____

Address ⑥ _____

Enclosure: *Parent Rights*
cc: Child's File ⑦

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Form 581-5150F (New 7/92)

Prior Notice of Proposal or Refusal to Initiate a Change
Form EI-7

Instructions

Purpose

This form is used to:

- meet requirements of ORS 343.527 which mandates that programs provide the parent with advance notice of a change in the identification, placement, or in the provision of early intervention services to the child, which contains an explanation regarding why it plans to initiate the change, what options were considered, and why any of the options were rejected.

Directions

NOTE: This form may be used for situations in which the child's placement/IFSP changes or because the multidisciplinary team has declared him/her no longer eligible and in need of early intervention services or where the individual family service plan (IFSP) team has decided that new IFSP goals and objectives are needed or can be better met in an educational program or placement different from the current one.

1. Check the change that you are initiating.
2. Enter child's complete legal name; do not use a nickname.
3. Indicate which team has made decision to change. Circle team which made the decision. NOTE: A multidisciplinary team has to make the decision to make any change in the placement.
4. Describe the proposed change.
5. Describe the reasons for the proposed change. Refer to current evaluation information to make certain that reasons for the change are supported by the evaluation information.
6. Explain what options have been tried. Make certain that the options considered are supported by the evaluation information.
7. Explain why those options did not seem feasible. Make certain that the options rejected are supported by the evaluation information.
8. Add any other relevant information here.
9. Place a copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Prior Notice of Proposal or Refusal to Initiate a Change
Form EI-7

Check all that apply: ①

❒ Identification ❒ Individual Family Service Plan
❒ Placement ❒ Provision of Early Intervention

Dear _____:

Based on recent evaluation information for ② _____, the
(Child's Full Name)
③ IFSP/multidisciplinary team (circle one) has determined the following change for your child:

④

The team decided on this change because:

⑤

Other options we considered were:

⑥

We rejected these options because:

⑦

Additional information considered by the team:

⑧

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(phone)
_____.
(address)

Sincerely,

Signature _____

Printed Name _____

Position _____

Enclosure: *Parent Rights*
cc: Child's File ⑨

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Form 581-5150G (New 7/92)

Permission to Obtain and Release Information
Form EI-8

Instructions

Purpose

This form is used to:

- obtain the parent signature in order to obtain or release information contained in the child's file; and
- meet the requirements of 34 CFR 300.571, 45 CFR 99.30, and OAR 581-15-1010 regarding parent consent to release confidential information.

Directions

1. Enter the name of the parent, surrogate parent, or guardian.
2. Circle either "obtain" or "release."
3. Enter child's complete legal name; do not use a nickname.
4. Enter your phone number.
5. Enter your name and title.
6. Indicate the school, agency or person(s) who will release the information.
7. Indicate the school, agency or person(s) who will receive the information.
8. Enter the purpose or reason for the disclosure.
9. Enter child's complete legal name; do not use a nickname.
10. Enter child's date of birth (month/day/year)
11. Check off the information requested to be released.
12. Send a copy to the parent, surrogate parent, or guardian. Keep a copy in the child's file until the signed copy from the parent is returned. Once the signed copy is returned, place it in the child's file.

Date Initiated _____
Mo Day Yr

Permission to Obtain and Release Information
Form EI-8

Dear ① _____:

In order for us to obtain/release ② (circle one) information regarding your child,
③ _____, please complete and return
(Child's Full Name)
one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files.
If you have questions, contact me at ④ _____.

Sincerely,

⑤ _____ ⑤ _____
Name of Contact Person Title of Contact Person

Parent Permission to Obtain or Release Information

I, the undersigned, hereby request and authorize ⑥ _____

_____

to release to ⑦ _____

_____

the information which I have indicated below, for the purpose of ⑧ _____

_____.

Name of Child ⑨ _____ Date of Birth ⑩ _____

⑪ ☐ Official early intervention/early childhood special education records (identifying information, eligibility documents, progress reports, correspondence).
☐ Medical and/or related records
☐ Psychological evaluations or social work reports
☐ Multidisciplinary team evaluations and related reports
☐ Appropriate agency reports
☐ Individual family service plan
☐ Other (specify) _____

_____ _____
Signature of Parent/Legal Guardian Date

cc: Child's File ⑫

Form 581-5150H (New 7/92)

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Appendix A

Parent Rights in Early Intervention

Parent Rights in Early Intervention

Early intervention (EI) is a program provided through the Oregon Department of Education to children in Oregon, ages birth until three years, who experience severe delays in development. This program provides services to help eligible children progress in areas of delayed development. It does not provide all of the services that the child and family may need or receive. The following is a list of rights which parents have regarding their child who qualifies for early intervention services.

Notice

You have the right to:

1. Receive a written notice at least seven (7) days before your child's service provider **proposes** or **refuses** to initiate or change the identification, evaluation or educational placement of your child, or the provision of early intervention for your child. The notice shall include:

   a. a copy of your rights;
   b. a description of the action the service provider proposes or refuses including telling you:
      - why the service provider wants to do something or why they are refusing to do it;
      - about other choices the service provider discussed;
      - why the service provider rejected those choices;
      - about any other information the service provider used in making its decision.

2. Receive the notice in writing most people can understand. If you do not speak English, the service provider must translate the notice into your native language or communicate the information to you in some way. If you cannot communicate in writing, the service provider must read the notice to you out loud or give you the information by other means and show that you understand what is in the notice.

Records

At times, it is important for you to review your child's files.

You have the right to:

1. Look at your child's education records in the presence of someone qualified to explain them to you:

   a. without delay unless the service provider cannot avoid it;
   b. before any meeting or hearing about your child's special education; and
   c. no later than 45 calendar days after you ask.

2. Ask for a list of the kinds of education records the service provider collects, maintains or uses and where they are kept.

3. Ask the service provider to give you copies of records if you have no other way to look at the records. The service provider may charge you for the copies, unless the charge would keep you from looking at the records. The service provider may not charge you a fee to search for or to collect the records.

4. Have someone else look at the records with your written consent.

5. In some instances, give or withhold consent to give other people information in your child's records. *(Check your local records policy.)* If you move the service provider must get written consent from you before it transfers behavioral records to the new school. Behavioral records include evaluations and other information about your child.

6. Be informed that the service provider must keep a record of the persons who receive information from your child's record.

7. Look at only the information relating to your child even if the record contains information about another child.

8. Ask the service provider to amend the information in the record if you believe that it is not correct or is misleading or violates your child's privacy. The service provider must give you its decision with a reasonable time after it receives your request.

9. A hearing if the service provider refuses to amend the record as you asked.

10. Place a statement in the records stating why you do not agree with the service provider's record.

11. Be informed before the service provider destroys your child's records.

12. Have records destroyed which are no longer needed to provide educational services to your child.

Individual Family Service Plan

The Individual Family Service Plan (IFSP) is the written educational plan for your child. You and the service providers design the IFSP together and review it annually.

You have the right to:

1. Take part in the meeting to write the IFSP;

2. Receive written notice early enough so you can attend;

3. Have the meeting at a time and place which allow you to attend;

4. Bring someone (advocate, friend, case manager) to the meeting;

5. Take part in the meeting in another way, such as by phone, if you cannot get to the meeting;

6. Receive a copy of your child's IFSP if you ask.

Placement

You have the right to:

1. Be part of the multidisciplinary team that determines where your child will receive the early intervention services that he/she needs.

2. Have your child placed in early intervention services based on his/her IFSP.

Resolving Disagreements About Your Child

Your child has the right to receive early intervention services as defined in Oregon Revised Statutes and Oregon Administrative Rules. There may be times when you disagree with the eligibility or appropriateness of services for your child. Every attempt should be made to resolve these disagreements as they arise through informal meetings with your child's service provider or through mediation.

If disagreements are unable to be resolved, you may submit a written request to Karen Brazeau, Associate Superintendent, Office of Special Education, Oregon Department of Education, 700 Pringle Parkway SE, Salem, Oregon 97310-0290.

For further information, call the Oregon Department of Education, 378-3598.

Appendix B

Photocopy Ready Forms

Date Initiated _____
Mo Day Yr

Referral for Early Intervention Evaluation

Child Name _____ Birth Date (mo/day/yr) _____

Parent or Guardian Name _____ Phone: w/_____ h/_____

Address _____

Referring Party _____ Phone _____

Current Program _____ Resident School District _____

1. Check the specific area of concern. Next to each area of concern list the information or evidence that will help the MDT plan an evaluation. Please provide the MDT with this information.

   ☐ Cognitive Development _____
   ☐ Receptive Language _____
   ☐ Expressive Language _____
   ☐ Gross Motor Development _____
   ☐ Fine Motor Development _____
   ☐ Social, Emotional, Behavioral Development _____
   ☐ Self-help Skills _____
   ☐ Hearing _____
   ☐ Vision _____

2. Review any information provided which will assist the MDT:

   Previous history in area of concern _____

   _____

   Previous report(s) _____

   Health status _____

   Primary language _____

3. Describe any interventions used to try to remediate the problem _____

   _____

   _____

   _____

All referrals must be filled out in full and accompanied by a current, signed Permission to Obtain and Release Information (Form 581-5150H), for exchange of information and pertinent records.

Action by MDT:

Describe what action will be taken _____

Indicate who will take the action and when _____

Indicate the date the parent was notified of this referral (mo/day/yr) _____

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation

(page 1)

Dear _____:

As you know, _____ has been referred for testing to
(Child's Full Name)
determine eligibility for early intervention services. We refer to this as an educational evaluation. The results will help us teach your child. It is expected that this evaluation will be completed within _____ days.

We plan to evaluate your child because:

Other options we considered were:

We decided against those options because:

Any other additional information considered by the multidisciplinary team:

The evaluation procedures, assessment, and/or tests we plan to use include the following:

We propose to evaluate your child on _____ at _____ at _____.

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(Phone)
_____.
(Address)

Sincerely,

Signature _____

Name (please print) _____

Title _____

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation

(page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for the evaluation to begin. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL EVALUATION

I give my permission for the evaluation to begin. I understand that my consent is voluntary and that it may be revoked for any reason during the initial evaluation process.

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

OR

NO CONSENT FOR INITIAL EVALUATION

Please complete this section and sign here if you **do not** give permission for the evaluation. (optional)

I **do not** give permission for the initial evaluation. My reason(s) follow:

_____

_____

_____

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

Please return this form to _____ at _____.

Date received in district _____
Mo Day Yr

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Early Intervention

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

Check one:

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early intervention.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for early intervention. The determination is based upon the following eligibility requirements:

☐ The child is birth to 18 months of age and there is documentation that the child has an identified genetic, neurological, muscular, or medical condition that will result in a developmental delay.

– OR –

☐ The child is birth through two years of age and his/her developmental age is:

- ☐ 56 to 75% of the child's chronological age in three or more of the following skill areas;
- ☐ 40 to 55% of the child's chronological age in two or more of the following skill areas;
- ☐ Less than 40% of the child's chronological age in one of the following skill areas.

Areas of developmental delay:

- ☐ Cognitive development
- ☐ Receptive language
- ☐ Expressive language
- ☐ Gross motor development
- ☐ Fine motor development
- ☐ Social, emotional, or behavioral development
- ☐ Self-help skills

– AND –

☐ The child has a **need** for early intervention services.

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Physician's statement
- ☐ Skill assessment reports
- ☐ Observation reports
- ☐ Other information

cc: Child's File

Form 581-5150C-X (New 7/92)

Date Initiated _____
Mo Day Yr

Notice of Individual Family Service Plan Meeting

Dear _____:

This is to invite you to a meeting to develop or review an individual family service plan (IFSP) for _____.

An IFSP is a plan designed to address the special needs of your child. The development of the IFSP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. If you would like to receive these documents or any other portion of your child's educational records prior to the IFSP meeting, please contact me. The IFSP meeting is scheduled

for _____ at _____ at _____.

If this is not a convenient time or location, please let _____ know

at _____ by _____ and we will reschedule the meeting or talk about other ways you can participate.

The people invited to attend are:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you plan to bring other people with you to this meeting or plan to tape record the meeting, please let me know.

Sincerely,

Signature _____

Printed Name _____

Position _____

Address _____

Enclosure: *Parent Rights*
cc: Child's File

Individual Family Service Plan (IFSP)

Child _____ Birth Date _____

Parent(s)/Guardian _____ Home Phone _____ Work Phone _____

Address _____

IFSP Coordinator/Agency _____ Resident School District _____

Meeting Date _____
Date Eligibility Established _____
Review Date _____
Annual Review _____
Transition Date _____
Transition Plan? ☐ Yes ☐ No
Extended Year Services? ☐ Yes ☐ No

Team Members in Attendance (name/role/phone)	Team Members Not Attending: (name/role/phone)

Extent of participation with nondisabled peers _____

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date

I (We) have had the opportunity to participate in the development of this IFSP. Signature(s) _____

Agency Name _____ Mailing Address _____

Individual Family Service Plan (IFSP) (continued)

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date

_____'s Current Developmental Information
Summary as of _____

Child's Strengths and Interests

Sources of Information in Developing this IFSP	Pertinent Medical Information
Hearing Screening	Vision Screening

Present Skill Levels

Cognitive	Fine Motor
Communication	Gross Motor
Social	Self-Care

Child's Goals and Objectives

Child _____ Date _____ Developmental Area _____

What we want to happen (long-term goal) _____

_____

Who will work on it _____ Who will keep track of progress _____

How We Will Do It (short-term objectives & criteria)	Evaluation Procedures & Schedule	Family Resources/ Other Resources	Start Date	Review	Annual Review

Family Outcomes

Family _____ Date _____

What we want to happen (outcome) _____

_____

_____

Our family chooses not to identify or address the area of family strengths and outcomes.

Date _____ Initial _____

How We Will Do It (activities)	Family Resources	Other Resources	Start Date	Review	Final Review

Date Initiated _____
Mo Day Yr

Notice of Placement Meeting

Dear _____:

This is to invite you to a meeting to determine the early intervention placement for _____ (Child's Full Name). The placement meeting is scheduled for _____ (Date) at _____ (Time) at _____ (Place).

If this is not a convenient time or location, please let _____ (Name) know at _____ (Phone) by _____ (Date) and we will reschedule the meeting or talk about other ways you can participate.

The people invited to attend are:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

Sincerely,

Signature _____

Printed Name _____

Position _____

Address _____

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

Prior Notice of Proposal or Refusal to Initiate a Change

Check all that apply:

☐ Identification ☐ Individual Family Service Plan
☐ Placement ☐ Provision of Early Intervention

Dear _____:

Based on recent evaluation information for _____, the IFSP/multidisciplinary team (circle one) has determined the following change for your child:

The team decided on this change because:

Other options we considered were:

We rejected these options because:

Additional information considered by the team:

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at _____.

Sincerely,

Signature _____

Printed Name _____

Position _____

Enclosure: *Parent Rights*
cc: Child's File

Form 581-5150G-X (New 7/92)

Date Initiated _____
Mo Day Yr

Permission to Obtain and Release Information

Dear _____:

In order for us to obtain/release (circle one) information regarding your child, _____, please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, contact me at _____.

Sincerely,

_____ _____
Name of Contact Person Title of Contact Person

Parent Permission to Obtain or Release Information

I, the undersigned, hereby request and authorize _____

_____

to release to _____

_____

the information which I have indicated below, for the purpose of _____

_____.

Name of Child _____ Date of Birth _____

- ☐ Official early intervention/early childhood special education records (identifying information, eligibility documents, progress reports, correspondence).
- ☐ Medical and/or related records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individual family service plan
- ☐ Other (specify) _____

_____ _____
Signature of Parent/Legal Guardian Date

cc: Child's File